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Substitute for Form PTO-875

Application or Docket Number

10/617,888

(Column 1)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA					
BASIC FEE (37 CFR 1.16(a))				RATE	FEE		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*			\$ _____	OR	\$ _____
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*		x \$ _____ =		OR	x \$ _____ =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				x \$ _____ =		OR	x \$ _____ =
				+ \$ _____ =		OR	+ \$ _____ =
			TOTAL			OR	TOTAL

* If the difference in column 1 is less than zero, enter "0" in column 2.

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
2/4/06				
Total (37 CFR 1.16(c))	53	Minus	53	=
Independent (37 CFR 1.16(d))	15	Minus	15	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

SMALL ENTITY	
RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

AMENDMENT B

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	4	Minus	53	=	1	X \$		OR	X \$	
	Independent (37 CFR 1.16(d))	1	Minus	15	=	1	X \$		OR	X \$	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$		OR	+ \$	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

AMENDMENT C

(Column 1)

(Column 2)

(Column 3)

RATE

ADD:

RATE

ADDL.

AMENDMENT C	(COLUMN 1)		(COLUMN 2)		(COLUMN 3)				
	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	X \$ _____ =		X \$ _____ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	X \$ _____ =		X \$ _____ =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ _____ =		+ \$ _____ =	
						TOTAL ADD'L FEE		TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2